

Staying Connected Training Grant--Request for Reimbursement
South Carolina State Library

Date:_____

Library Name:_____

Library Fiscal Officer or Library Director (name, phone, & email):_____

Employee named in grant award (name, phone, & email):_____

	Total Award	Funds Expended to Date	Funds Received to Date	Total Amount Requested
Registration				
Testing Fees (if applicable)				
Lodging				
Transportation (please attach a travel support document)				
Total:				

I certify that to the best of my knowledge and belief, the information above is correct and complete and that all expenditures are for purposes set forth in the approved training grant.

Submitted by:_____ (Library Director, please print)

Signature:_____ Title:_____ Date:_____

***Attach documentation: Invoices must be legible, dated, marked approved for payment, and initialed by the library's fiscal officer or library director. Receipts, proof of attendance, and travel support document(s) must accompany this form.**

Date Rcd: _____ Init: _____ For SCSL use only
